



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



RENEWAL CONSUMER CREDIT GRANTOR NOTIFICATION

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. §§ 37-6-201, -202, -203 & Reg. 28-8, 28-30
(803) 734-4238 | www.consumer.sc.gov | (803) 734-4200

Street Address

2221 Devine St., Ste. 200
Columbia, SC 29205-2418

Application can be filed online. Visit www.consumer.sc.gov and click on “online licensing.”

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary. For more information, refer to the Registered Creditors Filing Instructions and Flowchart on our website (click “Business/Industry Information” then “Registered Creditors”).

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name

(Headquarters/Main)

DBA

BOFI# _____

Attach a list of all branch locations and include the following information for each branch: location/DBA name; physical address (and mailing address if different); contact person; and Board of Financial Institutions License No., if applicable. If you conduct transactions through a website, the website must be filed as a location (website address is the location/DBA name).

Type of Business
(check one and provide
FTIN or SSN in box to
right)

☐ Corporation

☐ Limited Liability Company

☐ Limited Partnership

☐ Limited Liability Partnership

Fed Tax ID No. (last 4)

Are you in good standing with the Secretary of State's Office?

☐ Yes

☐ No

☐ General Partnership

☐ Sole Proprietorship

SSN (last 4) _____

Physical Address

City

State

Zip

Mailing Address

(If different from above)

City

State

Zip

Website Address

Designated/Registered
Agent*

Mailing Address

City

State

Zip

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person**

Telephone No.

() -

E-mail Address

Fax No.

() -

***The contact person is the person the Department will call with any questions about the application.*

QUESTIONS

1. Do you engage solely in rental-purchase (rent-to-own) transactions in South Carolina? ☐ Yes ☐ No
If "Yes," complete the Consumer Credit Grantor Notification for rent-to-own businesses only.
2. Did your annual gross volume of business exceed \$150,000 in cash and credit combined? ☐ Yes ☐ No
(Gross volume/sales is the amount reported to the Internal Revenue Service).
3. Do you use written agreements to extend consumer credit in South Carolina? (Written agreements include but are not limited to installment contracts, promissory notes and written billing statements with credit terms for open accounts.) ☐ Yes ☐ No
4. All credit grantors who answered NO to either question 2 or 3 proceed to question 11.
5. If your answers to BOTH questions 2 and 3 are YES, enter the number of all S.C. addresses where consumer credit transactions are made or assignment of same are accepted. If you have no South Carolina address enter 1 for number of locations. _____
6. Multiply the number of locations determined in question 5 by **\$120.00**
YOUR FILING FEE IS: \$_____
7. Check the ways in which consumer transactions are made:
☐ Consumer Credit Sales ☐ Consumer Leases ☐ Credit and Charge Cards
☐ Rent-to-Own ☐ Consumer Loans ☐ Revolving Credit
8. If consumer credit transactions made in South Carolina are NOT made from a retail store or office in South Carolina, describe the manner in which such business is conducted. _____
9. If your consumer credit contracts are sold to a finance company, bank or other assignee, please attach a list of all businesses to whom you sold contracts.
10. If you accept assignment of (purchase) consumer credit or rental-purchase contracts from a credit grantor, attach a list of those businesses from whom you purchased contracts.
11. Do you charge an Annual Percentage Rate of more than 18%? ☐ Yes ☐ No
If "Yes," please also complete a Maximum Rate Schedule form.
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The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____
Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.